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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004									100	Application or Occasion Number 10/8/2.573		
APPLICATION AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY				ER THAN L ENTITY	
	FOR	NU.	MBER FLE	O NUM	NUMBER EXTRA		RATE (S)	FEE (b)	7	RATE (\$)	FEE (I)	
	SIC FEE CFR 1 18(4) (6) #	K)	NA		NIA]	NA	150.00	7	M/A .	300.00	
	ARCH FEE CFR I 1811 H. W	(mq)	NA		N/A	7	N/A .	\$250	7	NIA	\$500	
	AMINATION FEE		NA		AVA	1	N/A	\$100	1	· NA	\$200	
TC	TAL CLAIMS CFR 1 15(4)		minus 20 "			1	X\$ 25 .	<u> </u>	┪	X\$50	1000	
IN	CEPENDENT CU	AUMS	mnus		 	1	X100 _	 	┨ ፝	X200	, 	
AP FÉ	PLICATION SIZE	sheets is \$250 addition	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(j))							+180=		7	+360=		
* If the difference in column 1 is less than zero, enter "O" in column 2.						• •	TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II							•	•	•	• •	<u>.</u>	
(Column 1) (Column 2) (Column 3):							SMALL	ENTITY	OR		R THAN ENTITY	
¥	9/16/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (5)	ADDI- TIONAL FEE (5)		RATE (5)	- AODI- TIONAL FEE (S)	
ME	Trital ar cra crass	32	Minus	28	•4		X\$.25 .	100.00	OR	X\$50 .	122.0	
ENDMENT	Independent . CIT CFR Lieny	dependent .		"4"			X100 .	1	OR	X200 .		
₹	Application Size Fee (37 CFR 1.16(s))								<u> </u>			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160)						+180=	./	痹	1360 -		
							ADO'L FEE	100,00	OR	TOTAL ADO'L FEE		
_	-	(Column 1)		. (Cotumn 2)	(Column 3)	_				1.		
ENT B	5 24 04	REMAINING AFTER. AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Ĺ	RATE (5)	ADDI- TIONAL FEE (5)	•	RATE (\$)	ADDI- TIONAL FEE (S)	
ğ۱	Total CIT CITR & 1950)	32	Minus	· 32	• /		X\$ 25 .		OR	X\$50 •		
tt L	Independent (07 CFR 1.18(1))	2	Minus	"4	•/		X100 .		OR :	X200		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16())						+180=		OR [+360=		
· •	I ika anto la col		• 16.4	, !n aat	-	-	TOTAL WOOL FEE		OR	TOTAL ADD'L FEE		
-	If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. If the 'Highest Mumber Previously Paid For' IN THIS SPACE is less than 20, enter '20'.											

"If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

"If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1, is collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, bading gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paiced 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.